

**Department of  
Community Services**

A.B. Smith  
Director



Children's Services  
Housing & Neighborhood Revitalization  
Special Programs  
Aging, Health and Disability Services  
Juvenile Services  
Parks and Recreation

June 14, 2002

Dear Head Start Applicant:

Attached is an application that allows consideration for eligibility of your child to become a Head Start student. The program is federally funded and requires meeting income guidelines; however, the selection process has been revised to give points for all areas of criteria. This further ensures that all applicants are given consideration for not only household income, but for household composition as well. When income determines eligibility and points are totaled, the family's position for acceptance and/or placement on the waiting list is then determined based on the total number of points.

Please complete the application and attach a copy of your current W-2 tax form. Also, complete the information sheet to provide us the additional data needed to determine the points for your household. The process can only be completed once we have received the enclosed attachments with your W-2 copy. Results of the selection will be returned to you by mail.

Thank you for your interest in the York County Head Start Program. Should you desire to schedule an orientation visit to our classroom, you may contact Tammy Petrowicz at 890-3888, or for any questions, I will be glad to help you.

We look forward to working with you and your child(ren).

Sincerely,

Shelley Greene  
Family Services Coordinator

SG/jb

Attachments

**This is a fillable form.**  
**Just type in your information and print out when completed.**

**MAIL APPLICATION TO:**

**YORK COUNTY CHILDREN'S SERVICES  
HEADSTART  
1490 GOVERNMENT ROAD  
WILLIAMSBURG, VA 23185**

## **York County Head Start Parent Information Sheet**

**Applications for enrollment are solicited and accepted year round. If the program has openings, eligible children are accepted on a first-come-first-served basis. The criteria set forth will be used to determine placement for children selected for enrollment and for placement on the waiting list. Please complete the information as directed below and return with application. The application process cannot be completed without this sheet.**

**TODAY'S DATE:** \_\_\_\_\_

1. Is this child returning to the program from the previous school year? \_\_\_\_\_
2. What will this child's age be on September 30? \_\_\_\_\_
3. Are you a working parent? \_\_\_\_\_
4. Does this child have a sibling in the current year Head Start Program? Give name. \_\_\_\_\_
5. Are you a single parent? \_\_\_\_\_
6. Are you a teen parent? \_\_\_\_\_

**If you are the parent of this child and have completed above questions that describe your household, please go to question # 10.**

7. Are you a state approved foster parent for this child? \_\_\_\_\_
8. Are you a non-relative adult caring for this child? \_\_\_\_\_
9. Are you a grandparent with custody of this child? \_\_\_\_\_
10. Is this child's parent incarcerated? \_\_\_\_\_
11. Does the applying child have a disability or suspected disability? \_\_\_\_\_
12. What is the disability? \_\_\_\_\_
13. Is the child currently being evaluated by York County Public Schools for Special Education services? \_\_\_\_\_

**Please attach the W-2 for the last year tax file and the completed application with this form and return to:**

**York County Head Start  
1490 Government Road, Suite 5  
Williamsburg, VA 23185**

**YORK COUNTY HEAD START**  
**Application for Enrollment**

Name of Child \_\_\_\_\_ Nick Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Child's SS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address (if Different) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Employed at: \_\_\_\_\_ Phone # \_\_\_\_\_

Father's Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Employed at: \_\_\_\_\_ Phone # \_\_\_\_\_

**List all persons living in household including the applicant. (Include the date of birth for all younger siblings)**

Name	Age (DOB)	Relationship To Child	Name of School or Employer

**Do you have any special concerns for your child? (Speech, Social Development, etc.)**

**Do you have any special concerns for your family? (Housing, Counseling, Employment, etc.)**

**If enrolled, will you need full day/full year Head Start?** ☐ No ☐ Yes

**Will your child go to another child care provider before or after Head Start?**

☐ No ☐ Yes ☐ Before Only ☐ After Only ☐ Before & After

Child Care Provider \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Has your child attended another child care center? ☐ No ☐ Yes

Name of program	City	State

*\*This information is required under Department of Social Services regulation for licensed child care centers.*

**If the Head Start Center closest to you is full, could you provide transportation to another site?** ☐ Yes ☐ No

**YOU WILL ALSO NEED THE FOLLOWING INFORMATION:**

- ✓ Income Information (TANF, **Current W-2**, etc.)
  - ✓ Child & Parent's Social Security Card
  - ✓ Child's Original Birth Certificate or Proof of Child's Identity
- \*If after 7 days of enrollment there is no proof of child's identity, the local law enforcement agency will be contacted in accordance with Department of Social Services regulation for licensed child care centers.*

**AFTER NOTIFICATION OF ACCEPTANCE, YOU WILL NEED:**

- ✓ Completed dental and physical examinations with all immunizations up-to-date
- ✓ Medical/Health Insurance Card
- ✓ 3 Different Emergency Contacts **with transportation** (Name, Address, Relationship, Phone Number)
- ✓ Attend a scheduled Intake/Enrollment Appointment

FOR OFFICE USE ONLY		
Date Received _____	Age as of 9/30 _____	
Child's State of Birth _____	Birth Certificate Number _____	Date of Certificate Issuance _____
<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> INELIGIBLE	<input type="checkbox"/> PENDING

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLACE  
STAMP  
HERE**

**YORK COUNTY CHILDREN'S SERVICES  
1490 GOVERNMENT ROAD  
WILLIAMSBURG, VA 23185**



## What is Head Start?

York County Head Start is a free preschool program for income eligible three and four year old children and their families. **Five year olds with birth dates after 9/30 of the current year of application may also apply.** This program is operated through the County of York's Division of Children's Services. The program is licensed by the State Department of Social Services and accredited by the National Association of Education For Young Children. There are four classroom locations through out the County.

- ⇒ The program operates Tuesday through Friday, 8:45 a.m. - 1:15 p.m. mid-September through May. **A full day/full year program is also available.**
- ⇒ Transportation is provided to and from most homes or day care providers in the area.
- ⇒ Children receive breakfast and lunch.
- ⇒ Provides developmentally appropriate activities for preschoolers, including life skills and preparation for Kindergarten.
- ⇒ Help is provided to families in need of other resources.

*Children's Services does not discriminate in any of its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status.*

**For more information call the Head Start Office at 890-3888**

Fill out the Application form and  
send OR bring it to our Main Office at:

York County Children's Services  
1490 Government Road, Suite 5  
Williamsburg, VA 23185

**Note: Immediate determination for eligibility can only be made upon receipt of income.**